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**THE DEADLINE FOR OPEN ENROLLMENT IS 60 DAYS AFTER YOU TERMINATE EMPLOYMENT. PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE TO ENSURE TIMELY RECEIPT OF MATERIALS.**

Please send Local  
Annuitant Health  
Programs forms  
ET-2156 and ET-2330.

**Please Print**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Retirement (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Note: If you have coverage through the Wisconsin Public Employers' Group Life Insurance Program and are at least age 66, you may be eligible to convert the present value of your life insurance to pay health insurance premiums. If you would like a brochure which explains *Converting Your Group Life Insurance to Pay Health Insurance Premiums* (ET-2325), check this box: ☐ Yes, send me this brochure (ET-2325).